

Medically Supervised or ADATC Detoxification/Crisis Stabilization -- Endorsement Check Sheet Instructions

Introduction

Prior to site and service endorsement, business verification must take place. In the process of business verification, the business information presented on the provider endorsement or DMA CIS (Community Intervention Services) application is validated. At that time, the provider organization submits a self study of the core rules (10A NCAC 27G .0201-.0204) verifying that they have met all the requirements therein. (The provider is not required to submit this if nationally accredited, licensed with DFS or has had a compliance review from NC Council of Community Programs within the past three years.) The documents created in adherence with the core rules should be utilized as evidence of provider compliance where noted in the check sheet and instructions.

The following set of instructions is to serve as general guidelines to facilitate the review of providers for conditional and full endorsement. Service definition, core rules (as noted above), staff definitions (10A NCAC 27G .104) and other DHHS communications (e.g. Service Records Manual, Communication Bulletins, Implementation Updates and other publications) should be used to support the reviewer's determination of compliance. In addition, the Business Entity Type Reference document (attached) assists to clarify the requirements for different business entities such as corporations, partnerships and limited liability corporations and partnerships.

Provider Requirements

In this section, the provider is reviewed to ascertain that requirements are met in order for services to be provided. The provision of services is addressed later in this endorsement process.

a (1). **Conditional:** Review identified documents for evidence that provider meets DMH/DD/SAS and/or DMA standards as related to administration responsibilities, financial oversight, clinical services and quality improvement. These standards include, but are not limited to, policies and procedures (contents of which are mandated in 10A NCAC 27G .0201 – Governing Body Policies) and the key documents required by law for the formation of the business entity. (Refer to attachment titled Business Entity Type.)

Full: If the provider organization has met these criteria during the review for conditional endorsement, this information does not need to be reviewed again. However, you must verify that there has been no change in the organization's business status and no change within the organization that might effect its operation.

b (2). **Conditional:** (*New providers*) - policy and procedure manual should contain language indicating intent to have national accreditation within three years of their enrolment with DMA. **Conditional:** The DMA enrollment documentation should be reviewed to verify the provider's date of enrollment with DMA.

Full: Review DMA enrollment document to verify provider's date of enrollment. Once the provider has been enrolled with DMA for a period of three years, a certification of national accreditation or some other evidence supporting the provider organization's achievement of national accreditation must be produced and validated.

c (3). **Conditional and Full:** Review documentation that demonstrates provider is a legal U.S. business entity. Documentation should indicate the business entity is currently registered with the local municipality **or** the office of the NC Secretary of State, that the information registered with the local municipality **or** the Secretary of State is current, and that there are no dissolution, revocation or revenue suspension findings currently attached to the provider entity. Also review corporate documentation demonstrating registration to operate a business in NC. Information for corporate entities may be verified on the web site for the Secretary of State. (Refer to key documents section of attachment titled Business Entity Type.)

Staffing Requirements

In this section, the reviewer is primarily concerned with the hiring practices of the provider and ensuring that all employees in place are equipped with the education, training and experience to work with the population served in the capacity and at the level of intervention for which they were hired. The review of the provision of services is more thoroughly examined in the “Program/Clinical Requirements” section of the endorsement review.

a (1). Conditional: (*New providers*) - Policy and procedure manuals, program descriptions, and job descriptions specify the intent that the program will be staffed by physicians and psychiatrists, who will be available 24 hours a day by telephone and who will conduct assessments within 24 hours of admission. There should be evidence that the provider plans to employ a registered nurse to conduct a nursing assessment on admission and oversee the monitoring of a patient’s progress and medication administration on an hourly basis. There should be documentation of the provider's intent to have appropriately licensed and credentialed staff available to administer medications in accordance with physician orders. There should be documentation that provider will hire individuals certified as CCS or CSAC or licensed as an LCAS to deliver a planned regimen of 24-hour evaluation, care and treatment services.

Full: Review employment application, resume, license, certification, medical record, or other documentation for evidence the program is staffed by physicians and psychiatrists, and it is documented that they are and have been available 24 hours a day by telephone and have conducted assessments within 24 hours of the patient’s admission. There should be evidence that a registered nurse has been conducting nursing assessments on admission and has overseen the monitoring of the patient’s progress and medication administration on an hourly basis. There should be documentation that appropriately licensed and credentialed staff have been available to administer medications in accordance with physician orders (in most cases this will be an RN or an LPN). There should be documentation that individuals certified as a CCS or CSAC or licensed as an LCAS are delivering a planned regimen of 24-hour evaluation, care and treatment services.

b (5). Conditional: (*New providers*) - Policy and procedure manuals, program descriptions, and job descriptions specify that the provider intends that the 24-hour evaluation, care and treatment services will be under the clinical supervision of a CCS or LCAS who will be available by phone 24 hours a day. The provider must also document their intent to hire individuals with QP or AP status for Substance Abuse to provide the regimen of services and that these professionals will be under the supervision of a CCS or LCAS. Services may also be provided by paraprofessional level providers who meet the requirements for Paraprofessional status if it is documented that they will have the knowledge, skills and abilities required by the population and age to be served

if they are under the supervision of a CCS or LCAS. There should also be documentation that the provider plans to hire a licensed physician to be medical director and that the program will be under the medical supervision of this individual.

Full: Review employment application, resume, license, certification, medical record, or other documentation for evidence that treatment services are being provided under the clinical supervision of a CCS or LCAS who has been available by phone 24 hours a day. The provider must also document that individuals providing the 24-hour evaluation, care and treatment services have QP or AP status for Substance Abuse or, if they are paraprofessionals, that they meet the requirements for Paraprofessional status and that all of these staff are under the supervision of a CCS or LCAS. There should also be documentation that the program has a licensed physician as medical director and there should be documentation that the program is under the medical supervision of this individual.

Service Type/Setting

The elements in this section pertain to the provider's having an understanding that Medically Supervised or ADATC Detoxification/Crisis Stabilization is an organized service delivered by medical and nursing professionals that provides for 24-hour medically supervised evaluation and withdrawal management. Recipients are often in crisis due to co-occurring severe substance-related mental disorders, such as an acutely suicidal patient, or persons with severe mental health problems that co-occur with more stabilized substance dependence. There should be documentation that services are being provided in a permanent facility with inpatient beds

a. **Conditional:** (*New providers*) - Policy and procedure manuals, program descriptions for documentation that the provider intends that Medically Supervised or ADATC Detoxification will be provided in a facility licensed as a hospital.

Full: Review facility license for documentation that Medically Supervised or ADATC Detoxification is being provided in a facility licensed as a hospital.

Program/Clinical Requirements

The elements in this section are reviewed as they pertain to service delivery. It is important that consumers are served in accordance with the service definition according to individual needs.

a. **Conditional:** (*New providers*) - There should be documentation of the following:

- Services will be delivered under a defined set of physician-approved policies and physician-monitored procedures and clinical protocols.
- The fact that recipients of this level of care are often in crisis due to co-occurring severe substance-related mental disorders such as the acutely suicidal patient or severe mental health problems that co-occur with more stabilized substance dependence necessitates that the following services should be available:
 - short term intensive evaluation
 - treatment intervention
 - behavioral management to stabilize the acute or crisis situation
 - restraint and seclusion capabilities

Full: Review policy and procedure manuals, program descriptions, medical records, and other documentation to verify the following:

- That services are being delivered under a defined set of physician-approved policies and physician-monitored procedures and clinical protocols.
- That there is documentation that the following services are being provided:
 - short term intensive evaluation
 - treatment intervention
 - behavioral management to stabilize the acute or crisis situation
 - restraint and seclusion capabilities

b. Conditional: (*New providers*) - Review policy and procedure manuals, program descriptions, and other documentation that indicate the program will have established clinical protocols that will be followed by staff to identify patients with severe biomedical conditions who are in need of medical services beyond the capacity of the facility and that staff will transfer such patients to the appropriate level of care.

Full: Review policy and procedure manuals, program descriptions, medical records, and other documentation to verify the existence of established clinical protocols that staff have followed to identify patients with severe biomedical conditions who are in need of medical services beyond the capacity of the facility and that staff have transferred such patients to the appropriate level of care.

Documentation Requirements

a. Conditional: (*New providers*) - Review in policy and procedure manuals, program descriptions, and other documentation for language demonstrating that the program intends to document using a minimum standard of a daily full service note that includes: 1) the recipient's name, 2) Medicaid identification number, 3) dates of service, 4) purpose of contact, 5) describes the provider's interventions, 6) the time spent performing the intervention, 7) the effectiveness of interventions, and 8) the signature and credentials of the staff providing the service.

Full: Review consumer medical records and other records to ensure that the program has documented using a minimum standard of a daily full service note that includes: 1) the recipient's name, 2) Medicaid identification number, 3) dates of service, 4) purpose of contact, 5) describes the provider's interventions, 6) the time spent performing the intervention, 7) the effectiveness of interventions, and 8) the signature and credentials of the staff providing the service.

b. Conditional: (*New providers*) - Review in policy and procedure manuals, program descriptions, and other documentation for language demonstrating that the program intends to utilize detoxification rating scale tables (e.g., Clinical Institute Withdrawal Assessment-Alcohol, Revised) and flow sheets (includes tabulation of vital signs) as needed.

Full: Review consumer medical records and other records to ensure that the program has documented using detoxification rating scale tables (e.g., Clinical Institute Withdrawal Assessment-Alcohol, Revised) and flow sheets (includes tabulation of vital signs) as needed.

c. Conditional: (*New providers*) - Review in policy and procedure manuals, program descriptions, and other documentation for language demonstrating that the program intends that a discharge plan, which has been discussed with the recipient, will be included in each record.

Full: Review consumer medical records and other records to ensure that a discharge plan, which has been discussed with the recipient, is found in each medical record.

d. Conditional: (*New providers*) - Review in policy and procedure manuals, program descriptions, and other documentation for language demonstrating that the program intends to record, in the medical record, all other clinically significant contacts with the recipient.

Full: Review consumer medical records and other records to ensure that the program has documented, in the medical record, all other clinically significant contacts with the recipient.